

## IN THE U.S. PATENT AND TRADEMARK OFFICE

Application No.: New Continuing ApplicationAttorney Docket No.: 14013-32CInventor: Ilya UmanskyFile Date: 12/30/1999Title: "PARTIAL FAX DELIVERY AND MULTICAST BY THE STORE AND FORWARD FAX DEVICES WITH LIMITED MEMORY"

Receipt is hereby acknowledged of the following:

Request for Continued Examination (RCE) under 37 CFR 1.114

☒ Amendment/Reply, 8 pgs., as previously filed☒ RCE Transmittal, 1 pg.☐ Formal Drawings \_\_\_\_\_ Sheets (Figures \_\_\_\_\_)☐ Declaration and Power of Attorney, executed☐ Assignment w/Cover Sheet, executed☒ Please Charge Deposit Account No. 501638in the amount of \$770.00☒ Information Disclosure Statement and form PTO-1449, as previously filed, 2 pgs.☐ Certification under 34 U.S.C. 122(b)(2)(B)(i)☐ Petition for Extension of Time☐ Resp. to Non-Response File Missing Parts☐ Response/Amendment☐ Issue Fee Transmittal☐ Submission of Formal Drawings☐ Notice of Appeal☐ Appeal Brief☒ Express Mail Certificate☐ Certificate of Mailing☐ Supplemental IDS Statement and form PTO 1449, \_ pgs.Express Mail Label: 9501 843657 USDate Mailed: October 14, 2003**received**  
10/20/03

UNITED STATES POSTAL SERVICE®

**POST OFFICE  
TO ADDRESSEE**

EL 919843657 US

<b>ORIGIN (POSTAL USE ONLY)</b>		Flat Rate Envelope <input type="checkbox"/>	
PO ZIP Code <u>95113</u>	Day of Delivery Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> <u>Thurs</u> <input checked="" type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/>	Postage \$ <u>13.65</u>	
Date in <u>10/14/03</u>	Time in <u>12 Noon</u> <input type="checkbox"/> <u>1-3 PM</u> <input checked="" type="checkbox"/>	Return Receipt Fee	
Service <u>PM</u>	2nd Day <input type="checkbox"/> 3rd Day <input type="checkbox"/>	COD Fee <input type="checkbox"/> Insurance Fee <input type="checkbox"/>	
Weight <u>3.95</u> lbs.	Acceptance Clerk Initials <u>CS</u>	Total Postage & Fees \$ <u>13.65</u>	
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday <input type="checkbox"/>			

**SEE REVERSE SIDE FOR  
SERVICE GUARANTEE AND LIMITS  
ON INSURANCE COVERAGE**

☐ **WAIVER OF SIGNATURE (Domestic Only):** Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

NO DELIVERY ☐ Weekend ☐ Holiday ☐ Customer Signature \_\_\_\_\_**CUSTOMER USE ONLY**

METHOD OF PAYMENT:

Licenses Net Corporate Acct. No.

AY01074Federal Agency Acct. No. or  
Postal Service Acct. No.

FROM: (PLEASE PRINT)

PHONE: \_\_\_\_\_

LAW OFFICES OF IMAM  
111 S MARKET ST STE 10101  
SAN JOSE CA 95113USPS  
James Park Sta.  
95113-9998  
#1514013-32C

TO: (PLEASE PRINT)

PHONE: \_\_\_\_\_

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COMMISSIONER FOR PATENT  
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ALEXANDRIA, VA 22312-1450FOR PICKUP OR TRACKING CALL 1-800-222-1811 [www.usps.com](http://www.usps.com)Customer Copy  
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